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<b>Q</b>
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Z Z	Yes	child because	sactions, or liabilities of a spouse or dependent c vith the Committee on Ethics.	d" income, trans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
× ×	Yes	closed. Have you	d certain other "excepted trusts" need not be disc	e on Ethics and dependent chil	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
× ⊠	Yes			ublic Offering?	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?
S	JESTION	F THESE QU	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	vered and Yes" resp	must be ansved for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No U	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes X
No No	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
S S	) Ses	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	N <sub>S</sub>	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
<b>₹</b>	Yes	receive any the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	No No	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
× <sub>S</sub>	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	□ N <sub>S</sub>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes X
	:		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
assessed more than	ty shall be e who files	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	e Termination Date:	Officer or Employee	Status Member of the U.S. State: The House of Representatives District: 6  Report Annual (May 15, 2013)  Amendment
	رائي (Office Use Only)	U.S. P.JSE E. (Office			
3	PH 12: 07	2813 MAY 15 PH 12: 07 M	Daytime Telephone:	Daytime T	Name: Ron DeSantis
•					
Page 1 of 6	HAND HAND ELIVERED	ш_ ш_	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

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## SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	fits received under the Social Ser	curity Act.
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
Holland + Knisht LLP	Sallary	\$12,155
thited states Amazon, com	Coyaltics/sales	\$35/
HPH Pushiha	royalties Isales	¥7834.
Multindia Holding Company	Spise salang	2/4
Marry Flancing Trust Constant	spouse datibution	4/4

				٦Ţ	DC, E	<u>S</u> P	if you incon child option For a pleas	home incon ing \$ accou	For a that i ness, tion ir	For re	For a plans	Provi	of inc the e repon more	_	
NS Stre!	Sitius	Exxen Mobil	Bank of Abbanca	1st Bank of Paducah, KY Accounts		SP Mega Corp. Stock	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or come derived accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
>4	7,	×	×		Indefinite		None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000		A 8 C		* This column is for assets spouse or dependent child.	If an asset was and is included income, the value	Indicate value year. If you use fair market valuused.		-
				×		X	\$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000		т О Т	<del>-</del>	* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
				 			\$1,000,001 - \$5,000,00 \$5,000,001 - \$25,000,00 \$25,000,001 - \$50,000 Over \$50,000,000 Spouse/DC Asset over	000	- <u>.</u>		ld solely by you	e reporting year se it generated lone."	ose of reporting ethod other than cify the method		
~	7					×	NONE DIVIDENDS RENT	<b>\$1,000,000</b>		reporting period.				<u> </u>	
		<b>*</b>	*	×		×	INTEREST CAPITAL GAINS EXCEPTED/BLIND TR TAX-DEFERRED	UST				IRAs), you may check the "lax- Deferred" column. Dividends, Inter- est, and capital gains, even if rein-	Check all columns triat apply, rot retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or		BLUCKC
		 	<del> </del>	_	Royalties		Other Type of Income (Specify: e.g., Partnership	Income or Farm In-	come)					1	
-						×	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500		=	dependent child.	* This column	ind capital g he disclosed to income wa	beferred" in None" column he category	An	•
				×			\$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000		< < < < <	ā	n is for income g	and capital gains, even if reinvested be disclosed as income. Check "No income was earned or generated.	Block C, you n. For all othe of income ox below. Div	Amount of Income	BLOCK
					×		\$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,0 Over \$5,000,000	00	X X	   	This column is for income generated by seets held solely by your spouse or	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Deferred in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest</b> ,	come	
					,	S (partial)	Spouse/DC Income ov	(S) (partial) See below for example.	an asset is sold, please indicate as	If only a				Indicate if the	Transaction

# SCHEDULE IV— TRANSACTIONS

Name Ron DeSutis

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										*			20	( <u>1</u>	SP Example:	SP, DC, JT	Capital Gains — if a \$200, check the "capi	purchase or sale of your pers income. If only a portion of an a tial sale"). See example below.	in a capital loss. Pro Exclude transactions l	Report any purchase, dependent child durin held for investment the
													Bank of America	Exxon Mobil	Mega Corpo	Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.  * This column is for assets solely held by your spouse or dependent child.	purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "par- tial sale"). See example below.	in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted
		-															PURCH			
					}			 _	-				×	~	×		SALE			Type of Transaction
		-				 		 	-								EXCHA	NGE		ction
												_	*	~			Check E Gain Ex	Box if C	apital	0
		,											12-31-12	1-K-1	10-12-12		Bi-weekly, if applicable	or Quarterly,	(MO/DAY/YR)	Date
				,									×	×			\$1,001- \$15,000		>	
							1								×		\$15,001- \$50,000		Φ.	
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									-							_	\$1,000,001- \$5,000,000		ଜ	Amount of Transaction
			ļ 		 	 			-			_	-			_	\$5,000,001- \$25,000,000 \$25,000,000	<del></del> _	Ξ_	tion
				<u> </u>		 		 <u> </u>	-	-	-	-	-	-		_	\$50,000,000 \$50,000,000	) 		
		-				-		 -	<u> </u>	-	-	-	-	-	-	-	\$50,000,000 Over \$1,000,00	0,		
		}			<u>l</u> .	 		<u> </u>			<u> </u>			}_			(Spouse/DC As		<b>X</b>	

### **SCHEDULE V— LIABILITIES**



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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you ding calendar year exceeded \$10 000. \*This column is for liabilities held solely by your spouse or dependent child.

	Sallie Me	Sillie Mar	#>++ Back of America	Example: First Bank of Wilmington, DE	SP, DC, Creditor	Close of the processing constraint your processor at system.
-	# O	20 miles	M. 09	May 1998	Liability Incurred Mo/Year	
			Martage (primy (richer)	Mortgage on 123 Main St., Dover, DE	Type of Liability	
	×				\$10,001- \$15,000	
		X			\$15,001- \$50,000 <b>D</b>	
				-	\$50,001- \$100,000 <b>O</b> \$100,001-	
	•			×	\$250,000 <b>\$</b>	Amo
		<b>E</b>	<u> </u>		\$500,000 m \$500,001- \$1,000,000 m	Amount of Liability
					\$1,000,000 \$1,000,001- \$5,000,000	Liabil
		<u> </u>			\$5,000,001- \$25,000,000 <b>=</b>	Ŧ
					\$25,000,001- \$50,000,000	
			ļ		Over \$50,000,000 C Spouse/DC Liability	
				<u></u>	Over \$1,000,000*	Ц

#### **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

\$375	Silver Platter (determination on personal friendship received from Committee on Ethics)	Example: Mr. Joseph H. Smith, Anytown, Anystate
Value	Description	Source
	<b>Note:</b> The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	<b>Note:</b> The gift rule (House Rule 25, clause 5) prohit

### SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

nolls), and positions solely of an individually fiatalic.	naly haute.
Position	Name of Organization
John	LSAT Freedom

## SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement